

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21		missing				
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				101		
52				102		
53				103		
54				104		
55				105		
56				106		
57				107		
58	✓			108		
59	1					
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73	1					
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84	1					
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	47	←		←		←
TOTAL CLAIMS	50					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS